Attorney Docket No.: FMW-CT-PCT-US

AMENDMENT TRANSMITTAL FORM

In re Application of:

Dirk Schmidt et al.

10/594.866

Examiner:

Terry C. Chau

Serial No.: Filed:

09/26/06

Group Art Unit: 3655

For:

SYSTEM FOR LUBRICATING A CLOSING MECHANISM, A CLOSING BAR AND

CLOSING HOOK

Commissioner for Patents Alexandria, VA 22313-1450

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.

☐ No additional fee is required.

The fee has been calculated as shown below:

	Column I Claims Remaining After Amend- ment		Column 2 Highest No. Previously Paid For	Column 3 Present Extra Claims	Small Entity Rate	Small Entity Additional Fee	or	Other Than Small Entity Rate	Other Than Small Entity Additional Fee
Total*	21	-	20	= 1	x \$ 26	8		x \$ 52	\$ 52.00
Indep.*	2	-	3	= 0	x\$ 100	S		x \$ 220	S
Multiple Dep. Claim					+ \$ 195			+\$ 390	\$
TOTAL ADDITIONAL					TOTAL		or		TOTAL
FEES					\$				S 52.00

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

The *Highest Number Previously Paid For* (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

	Please charge Deposit Account No in the amount of \$ A DUPLICATE OF THIS SHEET IS ATTACHED.
	A check in the amount of _ is attached.
[<u>X]</u>	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <u>08-3150</u> .
(X)	Any filing fees under 37 CFR §11.16 for the presentation of extra claims in the event sufficient payment is not enclosed.
	Any patent application processing fees under 37 CFR §1.17.
Date:	S/3//9 By: S-11/14/11/19/19/19/19/19/19/19/19/19/19/19/19/

Daniel J. Hudak, Jr. Registration No. 47,669 HUDAK, SHUNK & FARINE CO. L.P.A.

2020 Front Street, Suite 307 Cuyahoga Falls, OH 44221 Telephone: 330-535-2220

Fax: 330-535-1435

^{**} If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, write "20" in this space.

If the *Highest Number Previously Paid for* IN THIS SPACE is less than 3, write "3" in this space. ***